



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DR AHMED KHALIFA
1415 S HWY 6, STE 400D
SUGARLAND, TX 77478

Respondent Name

LM INSURANCE CORP

Carrier's Austin Representative Box

Box Number 01

MFDR Tracking Number

M4-12-2582-01

MFDR Date Received

APRIL 9, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am in receipt of the attached E.O.B. related to the date of service January 04, 1012. Based on this E.O.B. the medical bill of \$750.00 for the procedural code 99456 was denied. The rational for the reduction was 'referring physician NPI is invalid.'"

Amount in Dispute: \$250.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "In accordance with the Texas guidelines, Rule 134.202. "CPT code with modifier 'RE', the reimbursement shall be \$350.00 and shall include commission-required reports. The documentation indicates that the Diagnosis Related Estimates (DRE) method was used and the reimbursement for DRE is \$150.00, for a total reimbursement of \$500.00 We do not feel that additional reimbursement is warranted."

Response Submitted by: Liberty Mutual Insurance, PO Box 4223, Gainesville, GA 30503

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 8, 2012	99456-RE	\$250.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.204 sets out the guidelines for the billing of workers' compensation specific services.
3. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit worker' compensation medical bills for reimbursement.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated January 26, 2012

- F624 – Referring provider's NPI is invalid. Please resubmit bill with this information included.

Explanation of benefits dated March 21, 2012

- 45 – Z710 – The charge for this procedure exceeds the fee schedule allowance.

Issues

1. What are the guidelines for billing for a Required Medical Exam?
2. Did the requestor bill using correct CPT codes/modifiers when billing a Required Medical Exam (RME)?
3. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.204 (k) states, (k) The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier "RE." In either instance of whether MMI/IR is performed or not, the reimbursement shall be \$500 in accordance with subsection (i) of this section and shall include Division-required reports. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee. Per 28 Texas Administrative Code §134.204 (i)(2) states, "When multiple examinations under the same specific Division order are performed concurrently under paragraph (1)(C) - (F) of this subsection: (A) the first examination shall be reimbursed at 100 percent of the set fee outlined in subsection (k) of this section; (B) the second examination shall be reimbursed at 50 percent of the set fee outlined in subsection (k) of this section; and (C) subsequent examinations shall be reimbursed at 25 percent of the set fee outlined in subsection (k) of this section.
2. Review of the requestor's submitted documentation finds a copy of a bill. The requestor billed with CPT code 99456-RE for an insurance carrier requested RME. The respondent initially denied the bill with "F624 – Referring provider's NPI is invalid." However, upon reconsideration the respondent re-audited bill and made a payment in the amount of \$500 in accordance 28 Texas Administrative Code §134.204(k). Review of the submitted documentation finds that the requestor did not include the additional CPT codes/modifiers when billing for additional examinations in accordance with 28 Texas Administrative Code §134.204 (j) and (k).
3. In accordance with 28 Texas Administrative Code §133.20 (c) additional reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

02/15/2013

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief

Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.